

### Owner/Developer/Applicant Good Standing & Capacity Certification

Date: \_\_\_\_\_

To: Idaho Housing and Finance Association

Project: \_\_\_\_\_

*Initial if "Yes"; if "No", provide an explanation on a separate sheet.*

As an authorized signer for \_\_\_\_\_, the owner or sponsor of the above referenced project, I certify the following:

\_\_\_\_\_ The owner/developer/applicant is in Good Standing with Idaho Housing and Finance Association, with no repetitive unresolved issues or unresolved significant material findings.

\_\_\_\_\_ The owner/developer/applicant does not have outstanding unresolved issues with any organization or public jurisdiction whose compliance monitoring includes the oversight of any Federal affordable housing program.

\_\_\_\_\_ The owner/developer/applicant has prior affordable housing experience in Idaho.

\_\_\_\_\_ The owner/developer/applicant has proven ability to complete similar projects within 2 years and within budget.

\_\_\_\_\_ The owner/developer/applicant has demonstrated ability to meet all regulatory criteria during the development.

\_\_\_\_\_ The owner/developer/applicant has experience in development of affordable housing, including the programs below:

- \_\_\_\_\_ Section 202
- \_\_\_\_\_ Section 811
- \_\_\_\_\_ Section 514
- \_\_\_\_\_ Section 515
- \_\_\_\_\_ Section 516
- \_\_\_\_\_ HOME
- \_\_\_\_\_ LIHTC
- \_\_\_\_\_ Other (describe) \_\_\_\_\_

Signed:

\_\_\_\_\_  
\_\_\_\_\_

For: \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

### Management Company Good Standing/Capacity Certification

Date: \_\_\_\_\_  
To: Idaho Housing and Finance Association  
RE: \_\_\_\_\_

*Initial if "Yes"; if "No", provide an explanation on a separate sheet.*

As an authorized signer for \_\_\_\_\_, the management company of the above referenced project, I certify the following:

\_\_\_\_\_ The management company is in Good Standing with Idaho Housing and Finance Association with no unresolved issues or significant material findings.

\_\_\_\_\_ The management company does not have outstanding unresolved issues with any organization or public jurisdiction whose compliance monitoring oversight includes any Federal affordable housing program.

\_\_\_\_\_ The management company has prior affordable housing management experience in Idaho.

\_\_\_\_\_ The management company has demonstrated ability to meet all regulatory criteria during the Period of Affordability.

\_\_\_\_\_ The management company has experience in management of affordable housing, including the programs below:

- \_\_\_\_\_ Section 202
- \_\_\_\_\_ Section 811
- \_\_\_\_\_ Section 514
- \_\_\_\_\_ Section 515
- \_\_\_\_\_ Section 516
- \_\_\_\_\_ HOME
- \_\_\_\_\_ LIHTC
- \_\_\_\_\_ Other (describe): \_\_\_\_\_

Signed:  
\_\_\_\_\_

For: \_\_\_\_\_  
By: \_\_\_\_\_  
Its: \_\_\_\_\_